MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031094 STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 140

FILED JUL 16 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED
1	1085		
2	1085 2		
3			
4	0		
5	2		
6			
7	0		
8	2		
9	331X		
10			
11			
12	860		
13	1-0		

BY AFFIDAVIT OF — DOCUMENT — 1-

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Verno n
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in 1b: Lifetime
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Tate Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): # 927 North Oak
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ARTHUR Middle LENOIR Last SOWARD

4. DATE OF DEATH: Month July Day 4 Year 1963

5. SEX: M

6. COLOR OR RACE: Wh

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-28-1884

9. AGE (last birthday): 78
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Nevada Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Davie Soward

13b. MOTHER'S MAIDEN NAME: Lydia Wallace

14. NAME OF HUSBAND OR WIFE: Essie Soward, Deceased 3-14-1960

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Don Norris Address: 945 North Washington Nevada, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Circulatory Disease.
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: June 25/63 to July 4/63

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Repeated cerebral hemorrhages since 1961.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE: none

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Mo

21. I attended the deceased from 1961 to July 4-1963 and last saw him alive on June 25-1963
Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W.D. Love MD

22b. ADDRESS: Nevada, Mo

22c. DATE SIGNED: 7-6-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 8, 1963

23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park

23d. LOCATION (City, town, or county) (State): Nevada Missouri

24. FUNERAL DIRECTOR ADDRESS: Ferry Funeral Home Nevada, Missouri

25. DATE RECD. BY LOCAL REG.: 7-8-1963

26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Ray S Mellard

Licensed Embalmer No. 5052

P. O. Address Denver, No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.